

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/18/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/27/2011	
NAME OF PROVIDER OR SUPPLIER KEYSTONE WOODS				STREET ADDRESS, CITY, STATE, ZIP CODE 2335 NORTH MADISON AVENUE ANDERSON, IN46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey Dates: April 26, 27, 2011</p> <p>Facility Number: 010409 Provider Number: 010409 AIM Number: N/A</p> <p>Survey Team: Tammy Alley, RN-TC Donna M. Smith, RN</p> <p>Census Bed Type: Residential: 56 Total: 56</p> <p>Census Payor Type: Medicaid: 27 Other: 29 Total: 56</p> <p>Sample: 7</p> <p>This state finding is cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 28, 2011, by Bev Faulkner, RN</p>			R0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0273	<p>(f) All food preparation and serving areas (excluding areas in residents' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observations, record reviews, and interviews, the facility failed to ensure a clean and sanitary kitchen related to handwashing for 2 of 2 dietary staff observed (Dietary Assistant #1 and Dietary Manager), beard covering for 1 of 1 dietary staff observed with a beard (Dietary Assistant #1), scoop storage for 1 of 3 bins observed, disposal of garbage, and concentration of dishwasher sanitizing solution during 1 of 1 observation day (April 26, 2011). These deficient practices had the potential to affect all 56 residents receiving meals from the facility kitchen</p> <p>Findings include:</p> <p>On 4/26/11 from 9:10 a.m. to 9:45 a.m., during the kitchen tour, the following was observed:</p> <p>Dietary Assistant #1 was observed with an uncovered beard as he was cleaning up the dishes from breakfast. After loading the dishwasher, he handwashed, turned the water off with his wet hand, and then, dried his hands. He then proceeded to put</p>		R0273	<p>Submission of the plan of correction does not constitute an admission to or agreement by Keystone Woods Assisted Living Community with the alleged facts found on this survey. Submission of this plan of correction is a matter of regulatory compliance. R273 FOOD & NUTRITIONAL SERVICES WHAT CORRECTIVE ACTION(S) WILL BE ACCOMPLISHED FOR THOSE RESIDENTS FOUND TO HAVE BEEN AFFECTED BY THE DEFICIENT PRACTICE: Even though the potential to be affected was present, there were no adverse reactions related to this rule noted HOW THE FACILITY WILL IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE AND WHAT CORRECTIVE ACTION WILL BE TAKEN: Even though the potential to be affected was present, there were no adverse reactions related to this rule noted after reviewing all 56 residents' medical records and speaking with all 56 residents WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT SYSTEMIC</p>		05/13/2011	

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	<p>the clean dishes away. Next, Dietary Assistant #1 was observed to load a rack of soiled dishes, place them in the dishwasher, and then he proceeded to put a two more loads of clean dishes away. No handwashing was observed during this observation.</p> <p>At this same time during an interview, the Dietary Manager indicated the dishwasher used a chemical disinfectant. As she checked the recently cleaned dishes from the rack, she returned 4 cups and 1 plate to be rewashed and indicated the returned dishes were not clean. The plate was observed presently with a dime-sized amount of a dried light brown substance around the rim of the plate. The Dietary Manager was then observed to handwash for less than 15 seconds followed by Dietary Assistant #1, who after handwashing, turned the water off with his wet hand, and then, dried his hands.</p> <p>Next, the Dietary Manager checked the chemical dishwasher with a result of 50 ppm (parts per million) two different times. At this same time during an interview, she indicated the result should be 200 ppm. After checking the chemical solution container located under the dishwasher, she indicated she would change it as it was almost empty, which was done. Next, she rechecked the</p>		<p>CHANGES THE FACILITY WILL MAKE TO ENSURE THAT THE DEFICIENT PRACTICE DOES NOT RECUR: The Dietary Assistant #1 was given a written warning notice on 05/05/2011 for the non-compliance with demonstrating proper hand washing procedures and wearing of a beard covering. The Dietary Manager was given a written warning notice for the non-compliance with demonstrating proper hand washing procedures on 05/05/2011. The Dietary Staff were re-trained on 05/11/2011 on the proper hand washing procedures including when to wash their hands. See attached in-service content and attendance sign log. The Dietary Staff were re-trained on 05/11/2011 on the procedure for maintaining the proper level of chemical solution in the dishwasher. See attached in-service content and attendance sign log. The clean dishes will no longer be stacked under the steam table. The clean dishes will be stored on the wire rack and then transported by a portable cart at meal service time so that the dishes are kept in a clean storage area and accessible for meal service. The Dietary staff was re-trained 05/11/2011 on the protocol for using scoops in bins with dry materials. See attached in-service content and attendance sign log. The Dietary staff was</p>		

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	<p>chemical dishwasher's solution, which read 200 ppm. Upon checking the stack of dishes under the serving area designated by the Dietary Manager as ready for use, 4 other small plates were observed with a dried, orange substance on the plates and were removed to be rewashed by the Dietary Manager.</p> <p>After handwashing for less than 15 seconds, the Dietary Manager checked the flour bin with a scoop/small pitcher inside the flour of this container. At this same time during an interview, the Dietary Manager indicated the scoop/small pitcher should not had been left in the flour container and was probably from last night's meal of beef stew.</p> <p>On 4/26/11 from 10:55 a.m. to 11:50 a.m., during the kitchen observation, the following was observed:</p> <p>At the handwashing sink, three boxes were observed on the floor next to a large garbage container. The largest box contained cabbage leaves in the bottom of it. The second box contained a third box marked as canola oil container and was observed with an oily film on the outside of the box.</p> <p>The Dietary Manager was observed to handwash for 15 seconds as she proceeded to prepare the pickles for the</p>		<p>re-trained on 05/11/11 on the protocol for taking out trash immediately instead of lying empty boxes on the floor. See attached in-service content and attendance sign log. HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR, I.E., WHAT QUALITY ASSURANCE PROGRAM WILL BE PUT INTO PLACE The Administrator, or designee, will conduct daily observations for compliance with hand washing, beard covering, chemical solution testing, trash removal, bins, and storage of clean dishes. The Administrator or designee will correct any discrepancy with that staff member at the moment of observation. Upon 100% compliance over a 30-day consecutive time period, the observations will decrease to three (3) times a week. The Administrator will review the findings of the observations during the quarterly QA meeting.</p>		

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	<p>lunch serving.</p> <p>Dietary Assistance #1 was observed with no beard covering over his beard.</p> <p>On 4/26/11 at 2:45 p.m. to 4:05 p.m., during an interview, the Dietary Manager indicated one should handwash for 20 seconds, rinse one's hands, dry one's hands with the paper towel, and then, turn the water off with the same paper towel. She also indicated handwashing should be completed when going from soiled to clean dishes when operating the dishwasher. She also indicated Dietary Assistant #1 should be wearing a beard covering, and the dishwasher chemical sanitizer should be checked prior to washing the dishes to each meal. She indicated trash/garbage should had been taken out after the breakfast and lunch meal.</p> <p>The "Work Attire" policy was provided by the Administrator on 4/27/11 at 9:08 a.m. This current policy indicated the following:</p> <p>"Hair restraints ...Foodhandlers with facial hair should also wear a beard restraint....."</p> <p>The "Hand Wash Steps" policy was provided by the Administrator on 4/27/11 at 2:40 p.m. This current policy indicated</p>						

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	the following steps: "...Lather 20 seconds Rinse Dry with paper towel or air dryer Turn off faucet with paper towel."						